Governor's Advisory Council on HIV/AIDS

Report of the Vancouver, Washington HIV Update Forum
Findings and Recommendations

Background

The Governor's Advisory Council on HIV/AIDS conducted a public forum in Vancouver, Washington on June 21, 2005. The forum was conducted to assess current HIV/AIDS prevention and treatment services in Clark and Cowlitz counties and to help determine whether those services are meeting the needs of area residents. (A meeting agenda with a list of forum participants is attached.)

Summary of Key Findings

The combined rate of new HIV infections and persons living with HIV and AIDS is rising faster in southwest Washington (Clark and Cowlitz counties) than in the rest of the state. This, in part, may be due to rapid population growth in Clark county, as well as better treatment options for those living with HIV disease.

The single largest mode of exposure for those living with HIV and AIDS in southwest Washington is through homosexual or men-who-have-sex-with-men (MSM) contacts. But cases among heterosexuals and injection drug users are higher in Clark and Cowlitz counties than in the rest of the state. As a result, a greater proportion of those living with HIV/AIDS in southwest Washington are women. The vast majority of those presumed living with HIV/AIDS in southwest Washington -- both men and women -- are White. But as elsewhere in the state, Blacks (especially Black women) are being disproportionately impacted; their infection rate is nearly 5 times their population rate in the region. Black women make up nearly 18% of the female cases in the region and represent 47% of the infections among Blacks. Cases among Hispanics/Latinos are slightly higher than their representation in the population.

Treatment Services

The treatment infrastructure in southwest Washington is fragile and at

a critical juncture. The majority of low-income patients depend on the services of one dedicated physician in private practice (although a small number are seen by another.) For those with the ability to pay (with insurance,) there is no evidence of any lack of access to primary medical care. But these providers are near their saturation point at a time of increasing case loads in the region. There is a danger that in the near future some patients may not have access to primary medical care. Further, to have so many patients dependent on only a few experienced physicians poses real risks; if, for example, a physician limits or even closes the practice. Limited physician options also restrict patient choice.

A notable void in southwest Washington (in both Clark and Cowlitz counties) is the absence of any Ryan White supported clinic offering core medical services. The lack of such a clinic means patients -- particularly those with limited income -- lack a continuum of care so critical for proper management of HIV disease. It is profoundly evident in what consumers report needs more resources in southwest Washington: case management support; transportation assistance; dental care; and mental health and substance abuse services.

State supported treatment options, such as the Early Intervention Program (EIP,) are better in southwest Washington than in neighboring Oregon, but there is no sign of consumers moving into the state to access this care.

Prevention Efforts

Delivering prevention messages to MSM is particularly difficult in southwest Washington with most men crossing the river to Portland when they choose to go out. Thus, coordination and cooperation with AIDS service organizations and the Multnomah County Health Department in Portland is critical.

Minorities, who represent a disproportionate share of HIV/AIDS cases but who are not concentrated in readily identified neighborhoods, are difficult to reach with appropriate targeted prevention messages. (Affordable housing in the Vancouver area -- when compared to Portland -- may be increasing minority population numbers in the region.)

Increasingly, Internet chat rooms are places where men 'hook-up,' yet delivering prevention messages are complicated by the privacy policies of Internet providers and hosts. For example, HIV prevention workers

cannot 'tap' someone on the shoulder to offer a prevention message; they must self-identify and request to be approached. The cost of placing pop-up ads is prohibitive.

Adult venues in Vancouver do not allow distribution of free condoms because they do not condone sex on their premises.

To reach heterosexuals, prevention messages must be more pervasive and are best provided by medical and case management providers. But in some cases, particularly among women, this may be problematic. For example, in Clark County, there are reports that not all OB-GYN's are routinely testing pregnant women for HIV. Current State Board of Health rules require that all pregnant women be routinely tested under an "opt-out" approach, as opposed to "opt-in," which some suggest may still be the practice among some providers in Clark County.

Efforts by AIDS Service Organizations and others

No community based AIDS service organizations (ASO's) offer prevention services in southwest Washington; persons must travel to Portland, where its ASO (like others,) faces declining funding.

Clark County does have 10% of the Portland EMA cases and a cross-border agreement does exist with Multnomah County to provide Title I services (through individual providers) in Clark County.

The Pregnancy Resource Center in Vancouver received $391,000 in a federally funded abstinence only education grant in 2004. Whether or what HIV prevention messages are being delivered by the center are not known.

Recommendations

1. **GACHA supports funding of a Title III supported clinic in southwest Washington. The Department of Health, in cooperation with the Clark County Health Department, should help facilitate this recommendation by identifying resources available to help in the grant writing and application process.** A Title III funded clinic would: provide for a necessary increase in capacity to relieve the already stretched medical services; offer a safety net for those who can't afford

services; provide patients with more provider choice; and, offer services now lacking in the continuum of care, such as more transportation assistance and improved mental health and substance abuse services.

2. **The Washington State Department of Health, in collaboration with the Clark County Health Department, should determine if providers in Clark County are following current State Board of Health rules on the routine HIV testing of pregnant women. If SBOH rules are not being uniformly followed, a targeted mailing to health care providers, reminding them of current State Board of Health guidelines is recommended.** With minority women making up a disproportionate share of HIV/AIDS cases, increased routine testing is urgently needed.
3. **Clark and Multnomah counties should explore avenues to increase cross-border cooperation, especially in minority communities.** Suggested areas of increased cooperation include participation by Clark County in the RARE minority assessment project, as well as shared input into the Cascade AIDS project newsletter.
4. **The Washington State Department of Health, in collaboration with Clark County, should encourage the availability of free condoms in adult venues by providing -- if warranted -- a clarification for venue owners of applicable WACS which may be a perceived barrier to such distribution.**
5. **GACHA should further study prevention efforts in Internet chat rooms, with the purpose of determining if and how those efforts might be enhanced.**
6. **GACHA should further study what HIV prevention services are offered, or what prevention messages are being sent by abstinence only grant recipients in Clark County (and throughout the state.)** An increasing amount of abstinence only money is both available and coming into the state, yet little is known about what services can be offered, what is being offered or whether their messages are medically accurate. A future forum could help determine if abstinence only grants -- as part of a comprehensive prevention program which includes sex education -- are an untapped and useful prevention tool in the state's efforts to control the spread of HIV.

<u>Complete Findings</u>

Cases of HIV/AIDS in in southwest Washington (Clark and Cowlitz counties) have increased from 18 cases in 1998 to 40 in 2003 with 35 cases reported so far in 2004 (full year reporting is not yet complete.)

This rate of new diagnoses is increasing faster than the statewide rate.

There are approximately 400 persons living with HIV/AIDS in southwest Washington, an all-time high. This number has also increased at a faster pace than the rest of the state. Patients in all parts of the state are benefiting from better treatment options; but in southwest Washington, another factor may be a population growth rate higher than the state as a whole. From 2000-2003, Clark County's population grew by 9.9% vs. 4% for the state.

As elsewhere in the state, AIDS deaths in southwest Washington have declined dramatically: to four in 2004 from a high of 32 in 1994.

Most HIV/AIDS in cases in southwest Washington (49%) are in men-who-have-sex-with-men (MSM.) Statewide, 62% of cases are in MSM. As a mode of exposure, heterosexual contact is reported in 16.8% of southwest Washington cases, compared with 10% of all cases statewide. While the majority of those living with HIV/AIDS are male in southwest Washington (78.4%,) the female case load of 21.6% is nearly double the statewide rate of 10.6%.

The majority (81.5%) of southwest Washington's HIV/AIDS cases are in Whites. Blacks account for 8.2% of the cases, yet Blacks represent only 1.7% of the population in Clark County and .5% in Cowlitz. Black women account for 17.7% of all female cases in the region and they represent 47% of cases among Blacks. (Those identified as "foreign-born" blacks account for 23.5% of all cases among Blacks.) Hispanic cases account for 6%, which is slightly higher than the Hispanic population's representation of 4.7% in the two counties.

The HIV/AIDS infrastructure for primary medical care in southwest Washington consists primarily of two providers, but nearly all patients are seen by a lone physician practicing at the Vancouver Clinic. A few patients are seen at the SeaMar Community Health Center. (Some are also seen within the Kaiser system, and a tiny number in Portland, if, for instance, they are enrolled in a study.

There are no Ryan White supported clinics offering core medical services in southwest Washington. Clark County providers do receive some funding from Portland's Title I grant, given that cases of HIV/AIDS in southwest Washington represent at least 10% of the Portland EMA caseload. Cowlitz County residents have no access to any Ryan White supported services in their county. There are no reported waiting lists for patients financially able to access care, but

the providers report they are nearing their saturation point and consumers report case managers are overworked. If just one of the Vancouver providers were to cease offering care, the treatment infrastructure would run the risk of collapse.

Delivering prevention messages to MSM is difficult in southwest Washington. Portland's ASO, the Cascade AIDS Project reports it is financially prohibitive for Portland's ASO, the Cascade AIDS Project, to offer prevention services in southwest Washington. In fact, there is only 1 bar where gays gather in southwest Washington and it is not frequented by many. Most MSM travel to Portland where there are more nightlife options. Adult bookstores and arcades in Clark County, which may cater to MSM, do not allow distribution of free condoms because doing so -- in their view -- would mean condoning sex on their premises, which is not allowed by law.

Increasingly, rural southwest Washington MSM are using Internet chat rooms to 'hook-up.' Delivering prevention messages in this setting is hampered by restrictions placed on AIDS service organizations and Health Departments. For example, HIV prevention workers cannot 'tap' someone on the shoulder to offer a prevention message; they must self-identify and request to be approached. The cost of placing pop-up ads is prohibitive.

Local health officials recognize they must work more closely with their counterparts in Portland to reach MSM with prevention messages. This is also true for reaching men and women of color at risk. But there is no current cross-border working group to accomplish this goal.

Because of the higher percentage of cases among women -- particularly minority women -- reaching those at-risk is a high priority. Case managers and providers are the key. But in Clark County this effort could possibly be hampered if reports (heard at the forum) that OB-GYN's are not routinely testing pregnant women for HIV is verified. (Current State Board of Health rules require an 'opt-out' approach to HIV testing as opposed to 'opt-in.')

Southwest Washington lacks a well-funded and solid continuum of care infrastructure for those with HIV. Dental services are offered through the SeaMar clinic and there are 2 mental health and 2 substance abuse programs, as well as some acupuncture. But consumers (*and providers*) note the services are stretched. Further, because of costs and reduced service, transportation in this rural area is difficult and that poses a barrier to accessing care services.

No community based ASO offers services in southwest Washington.

A significant sum of abstinence only federal money came into Clark County in 2004, with a $391,000 grant to the Pregnancy Resource Center. But what HIV prevention messages are being delivered by the center is not known.